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CONFIRMATION NO. 4016

Bib Data Sheet

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/03215 03/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0207495.3 03/28/2002  
 UNITED KINGDOM 0217149.4 07/24/2002  
 UNITED KINGDOM 0217305.2 07/25/2002

|                                 |   |                             |                     |                    |                         |
|---------------------------------|---|-----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>AUSTRIA | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>18 | INDEPENDENT CLAIMS<br>6 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                             |                     |                    |                         |

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**TITLE**

Tuberculosis treatment

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1178 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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